

**COMMONWEALTH OF VIRGINIA**

**Department of Health**

**Office of Emergency Medical Services**

**Regulation & Compliance Division**

Complaint and Investigation Processes:

The Virginia Department of Health, Office of Emergency Medical Services (OEMS) receives information about the conduct of a pre-hospital health care provider or EMS agencies or other designated entity from a variety of sources; including patients, family members, other health care providers, EMS agency officials, the media and other contacts. In some cases, routine EMS agency licensure inspections reveal evidence of licensee or certification holder misconduct.

Reports and complaints, regardless of the source, are referred to the Regulation and Compliance Division for review. An initial determination of whether OEMS has jurisdiction over the person or agency that is the subject of the complaint is made. If OEMS is determined to have jurisdiction for the case the alleged incident is reviewed to determine if a violation(s) of the EMS Regulations have occurred. If the matter is outside the jurisdiction or authority of OEMS, no further investigation is generally conducted, but the matter may be referred to another local, state or federal agency if appropriate.

If the matter falls within the authority of OEMS, a case is formally opened and assigned to an investigator. The investigator typically contacts the complainant for additional information and interviews the pre-hospital provider, EMS agency representative or entity who is the subject of the investigation. Although OEMS will accept complaints from sources who wish to remain anonymous, their anonymity cannot be guaranteed. The investigator may also interview witnesses or other persons that may have knowledge of the alleged incident and obtain relevant medical records and other documentation pertinent to the case.

After the field investigation is complete, the findings are summarized in an investigative report and a recommendation is made to the Division as to whether there is probable cause to believe a violation of the EMS regulations or of law have occurred; and to recommend corrective / enforcement action against the subject individual(s) EMS agency and/or entity. Both the source of the complaint and the subject of the investigation will be notified in writing of the decision of the Office of EMS.

### Action by the Regulation & Compliance Division:

At the conclusion of a case, or when a determination is made indicating probable cause of a violation of law, or regulation, the Office of EMS may invoke one or more of the following actions (as defined within the *Virginia Emergency Medical Services Regulations* 12 VAC5-31):

**CASE CLOSED – NO ACTION RECOMMENDED:** OEMS finds no evidence or insufficient evidence to determine that a violation occurred. Case will be archived and no public record will be posted on the OEMS web page.

**VERBAL WARNING:** Upon determining there is sufficient evidence to believe a violation of the *Virginia Emergency Medical Services Regulations* has occurred, a verbal warning may be issued. The verbal warning is a written document that will remain on file in the archives; however, no public record will be posted to the OEMS web page. Verbal Warnings are public documents and are subject to disclosure. This action is limited to cases involving extremely minor misconduct (usually unintentional) or incidents that do not have immediate impact on patient care and do not pose a threat to the health, safety or welfare of the citizens of the Commonwealth.

**CITATION:** Upon determining there is sufficient evidence to believe a violation of the *Virginia Emergency Medical Services Regulations* has occurred, a citation may be issued. The citation is a written document that will remain on file in the archives and this action may be posted on the OEMS web page. Citations are public documents and are subject to disclosure. This action is usually taken when misconduct is determined, or a situation causes or has the potential to cause negative consequences for a patient and does not include situations involving a threat to the health, safety and welfare of the citizens of the Commonwealth. Citations may or may not impose restrictions and / or corrective actions in a specified time period. The misconduct may be intentional or non-intentional.

**SUSPENSION:** In cases of significant violations of the *Virginia Emergency Medical Services Regulations*, or immediate threats to the health, safety and welfare of the citizens of the Commonwealth, the Office of EMS, as designated by Health Commissioner may suspend a technician or instructor certification or endorsement; an EMS agency license; an EMS vehicle permit or an entity designation. This document is a written notification of the de-activation and/or removal of the authorization issued under said license, permit, endorsement, or certification. Suspension(s) may be temporary; or may be issued with the intent to revoke said certification, endorsement, permit or licensure. Suspension(s) are typically issued when major violations have occurred or multiple violations have been found. Many of these cases involve an immediate threat to the life of a patient, or a general threat to the health, safety and welfare of the citizens of the Commonwealth. Suspension(s) may also occur when requirements documented in previously issued enforcement actions have not been met; or corrective actions have not been taken as required in a previously issued consent order.

**CIVIL PENALTY:** Depending on the severity of the infraction, the Office of EMS may impose a “civil penalty” for repeated violations of the *Virginia Emergency Medical Services Regulations* to agencies and entities only. Civil penalties may be assessed up to \$1,000 per offense. Violations shall be single, different occurrences for each calendar day the violation occurs and remains uncorrected.

**CRIMINAL PROSECUTION:** The Health Commissioner may elect to have criminal sanctions imposed. Violations to any of the *Virginia Emergency Medical Services Regulations* constitute the commission of a misdemeanor in the Commonwealth of Virginia and may be turned over to the appropriate investigating authority for prosecution.

**INFORMAL FACT FINDING CONFERENCE (IFFC):** The *Virginia Administrative Process Act* provides that a regulant may file an appeal and request an IFFC whenever there is a dispute or disagreement concerning the factual or procedural basis for an adverse decision in any case. An adjudication officer is assigned and notice is sent to the person filing the appeal. This conference provides the recipient of enforcement action an opportunity to produce additional evidence, documents, statements or information that should be considered in the decision of their case. The adjudication officer will forward their recommendation based on the evidence presented to the Health Commissioner to uphold the action, modify the action, or dismiss the action required by OEMS. For more information on the *Virginia Administrative Process Act*, see §2.2-4019 of the *Code of Virginia*. The decision is a public record and is subject to disclosure. Additional IFFC’s may be granted by OEMS if requested.

**FORMAL HEARING:** In the event an IFFC does not resolve a disciplinary matter, the pre-hospital provider or EMS agency may request a formal hearing. A formal hearing is an administrative process similar to a trial. It is open to the public, and all parties may call witnesses and introduce evidence. An order will be issued by the hearing officer and is public record and subject to disclosure.

For additional information regarding the processes of the Regulation and Compliance Division, please contact the Regulation and Compliance Manager, Virginia Office of Emergency Medical Services, 1041 Technology Park Drive, Glen Allen Virginia 23059, or call 800-523-6019 (toll free, Virginia only).



## REGULATION AND COMPLIANCE WORKSHOP

### I. Introduction and Objectives

#### A. Objectives:

1. Learn how to navigate the EMS Rules and Regulations to answer questions about the appropriateness of an activity.
2. To become familiar with the Rules and Regulations and Policies governing EMS and specifically Training.

#### B. Exercise

##### 1. Rules

- a. Using the OEMS Website or provided electronic documents, answer the questions below.
- b. This is a word fill-able form, just type your answers in the space provided. You may navigate using the tab or arrow keys to the next space.
- c. Once you have completed this assignment, click 'Save'
- d. Return to the main classroom when you have finished.

REGULATION AND COMPLIANCE WORKSHOP

Question: **What are the names of the office program representatives?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **Who is the program representative for:**

**1) Southwest Virginia**

**2) Central Virginia**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **Patient assist medications require the signature of the medical practitioner's signature – True or False - what regulation addresses this?**

Regulation/Policy Number:

Subsection Number:

Answer:

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REGULATION AND COMPLIANCE WORKSHOP

Question: **To whom would you report a suspected violation of the regulations occurring in Brunswick, VA?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **The Variance process can be found under what Article for providers and entities in the EMS Regulations?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **What time frame does the Commissioner have to approve or decline a variance request?**

Regulation/Policy Number:

Subsection Number:

Answer:



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## REGULATION AND COMPLIANCE WORKSHOP

Question: **Can a Variance be extended or renewed?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **What is the maximum length of time that an Exemption may be issued?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **What are the various enforcement actions the Office may take?**

Regulation/Policy Number:

Subsection Number:

Answer:

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REGULATION AND COMPLIANCE WORKSHOP

Question: **True or False: Suspension of a license, permit, certificate, endorsement or designation requires a hearing before the suspension can go into effect?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **For what may the Office initiate an investigation?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **What “Act” describes the process of judicial review for appeals due to enforcement activity?**

Regulation/Policy Number:

Subsection Number:

Answer:

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REGULATION AND COMPLIANCE WORKSHOP

Question: **Are students misrepresenting their qualification when performing a level of care for which they do not possess certification?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **Under what regulation does it prohibit the submitting a false application for a certificate?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **The falsification of materials such as altering an EMS certificate is addressed in regulation:**

Regulation/Policy Number:

Subsection Number:

Answer:

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REGULATION AND COMPLIANCE WORKSHOP

Question: **The ability for a certified EMS provider to practice is addressed under what regulation?**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **Sexual harassment of either co-workers or patients is addressed in:**

Regulation/Policy Number:

Subsection Number:

Answer:

Question: **Provision of care by students is allowed when:**

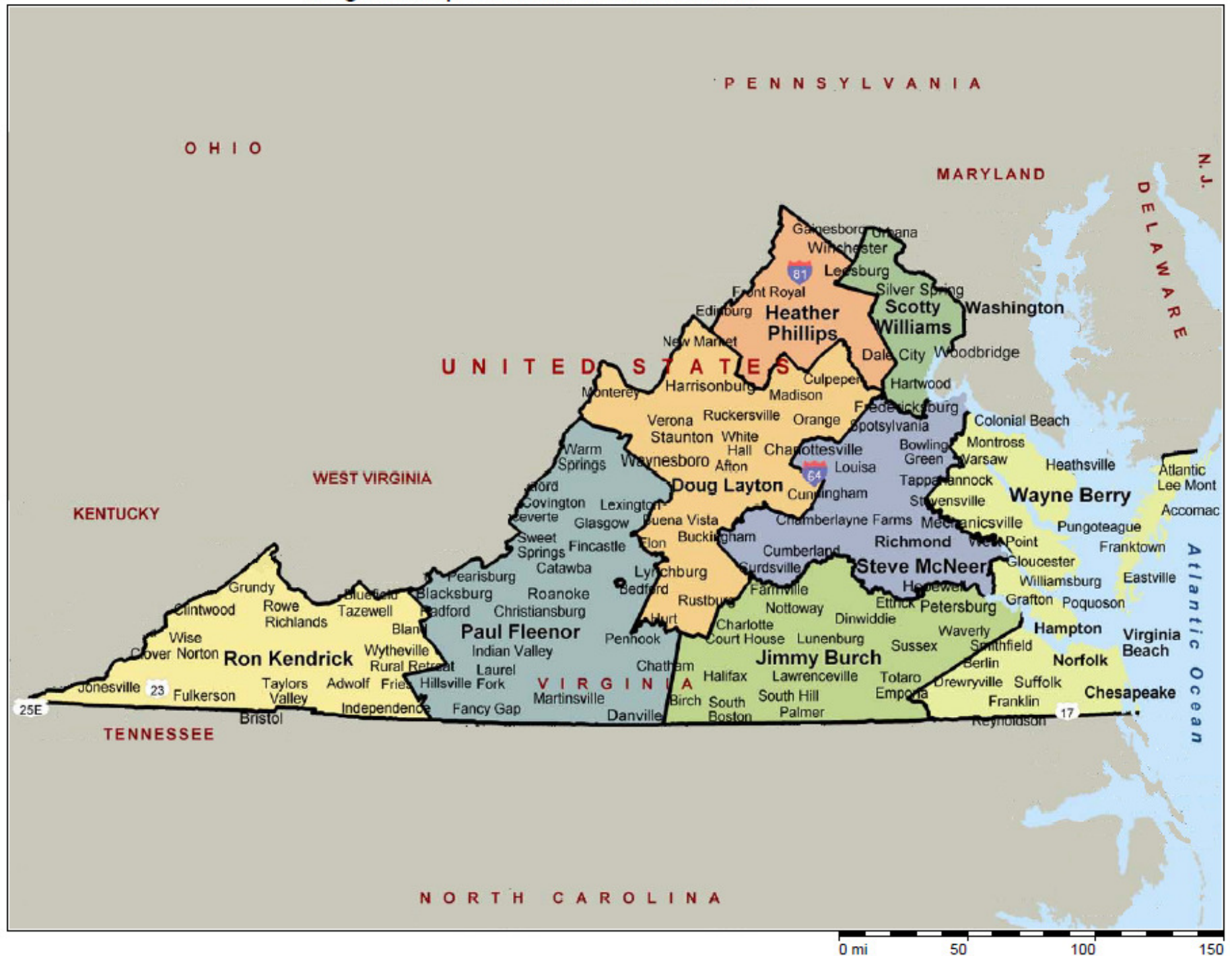
Regulation/Policy Number:

Subsection Number:

Answer:



## Program Representative Service Areas







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## Meet our Staff

### Michael D. Berg

Manager, Regulation and Compliance

Michael.Berg@vdh.virginia.gov

Phone: (804) 888-9131

Fax: (804) 371-3108

He oversees the Division of Regulation and Compliance, and his focus is on the following broad areas:

- ✦ EMS Physician initial and re-endorsement
- ✦ EMS agency initial and re-licensure
- ✦ EMS vehicles permitting and renewal
- ✦ EMS regulations development and enforcement
- ✦ Variances and Exemptions processing for provider, agencies and entities
- ✦ OEMS policy advisor to Executive Management
- ✦ Provides technical assistance and guidance to standing committees of the state EMS Advisory Board to include the Rules and Regulations Committee and the Transportation Committee
- ✦ National issues involving licensure and regulations
- ✦ National issues involving ambulance specification development
- ✦ Technical assistance to local governments, EMS agencies and providers
- ✦ Background investigations on EMS personnel
- ✦ Regulatory enforcement, complaint processing

### Marybeth Mizell

Administrative Assistant

Marybeth.Mizell@vdh.virginia.gov

Phone: (804) 888-9130

Fax: (804) 371-3108

Provides administrative support to the Division field staff and the Manager in their daily functions to include:

- ✦ Update and maintain listing of endorsed EMS Physicians
- ✦ Update and maintain files on EMS agencies
- ✦ Provides staff support to the Rules and Regulations and Transportation committees

### Regina Garcia

Background Unit

Regina.Garcia@vdh.virginia.gov

Phone: (804) 888-9133

Fax: (804) 371-3409

Provides support and coordinates the Background Unit activities to include:

- ✦ Receiving and processing all fingerprint background requests
- ✦ Notification to agencies regarding results of background checks
- ✦ Assist customers with questions regarding process and results

### OEMS Program Representatives

Provides field support to EMS agencies, local government, facilities and interested parties in the development of EMS to include the following:

- ✦ EMS agency initial and renewal licensure
- ✦ EMS vehicle initial and renewal permits

- ✦ EMS regulation and compliance
- ✦ Complaint investigation
- ✦ Conduct inspections and investigations
- ✦ Verify awarded grants to eligible recipients from RSAF program
- ✦ Liaison and OEMS representative at various local and regional meetings with fellow organizations to include but not limited to regional EMS Councils, VDEM, DFP, local and state law enforcement, etc.
- ✦ Subject matter experts on the delivery of EMS
- ✦ Facilitator for matters related to OEMS through the various Office of EMS programs

[Wayne Berry](mailto:Wayne.Berry@vdh.virginia.gov) (Wayne.Berry@vdh.virginia.gov)

[Jimmy Burch](mailto:Jimmy.Burch@vdh.virginia.gov) (Jimmy.Burch@vdh.virginia.gov)

[Paul Fleenor](mailto:Paul.Fleenor@vdh.virginia.gov) (Paul.Fleenor@vdh.virginia.gov)

[Ron Kendrick](mailto:Ron.Kendrick@vdh.virginia.gov) (Ron.Kendrick@vdh.virginia.gov)

[Steve McNeer](mailto:Stephen.McNeer@vdh.virginia.gov) (Stephen.McNeer@vdh.virginia.gov)

[Heather Phillips](mailto:Heather.Phillips@vdh.virginia.gov) (Heather.Phillips@vdh.virginia.gov)

[Scotty Williams](mailto:Scotty.Williams@vdh.virginia.gov) (Scotty.Williams@vdh.virginia.gov)

[Doug Layton](mailto:Douglas.Layton@vdh.virginia.gov) (Douglas.Layton@vdh.virginia.gov)


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## Program Representatives

Service Areas By City, County, and Planning District (PD)  
July 2011  
[View Service Area Map](#)

[Jimmy Burch \(Supervisor\)](#)

Phone: 434-372-0291 Fax: 434-372-0171  P.O. Box 503 Chase City, VA 23924	<b>PD 13</b> Brunswick Co. Halifax Co. Mecklenburg Co. South Boston	<b>PD 14</b> Amelia Co. Charlotte Co. Lunenburg Co. Nottoway Co. Prince Edward Co.	<b>PD 19</b> Dinwiddie Co. Colonial Heights Emporia Greensville Co. Hopewell Petersburg Prince George Co. Surry Co. Sussex Co.
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[Paul Fleenor](#)

Phone: 540-381-7217 Fax 540-381-7218  6744 Thirlane Road Roanoke, VA 24019	<b>PD 3</b> Carroll  <b>PD 4</b> Floyd Co. Giles Co. Montgomery Co. Pulaski Co. Radford	<b>PD 5</b> Alleghany Co. Botetourt Co. Clifton Forge Covington Craig Co. Roanoke Co. Roanoke City Salem  <b>PD 6</b> Bath Rockbridge Buena Vista Lexington	<b>PD 11</b> Bedford Co. Bedford  <b>PD 12</b> Danville Franklin Co. Henry Co. Martinsville Patrick Co. Pittsylvania Co.
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[Ron Kendrick](#)

Phone: 276-926-5602 Fax: 276-926-5609  P.O. Box 1408 Clintwood, VA 24228	<b>PD 1</b> Lee Co. Norton Scott Co. Wise Co.	<b>PD 2</b> Buchanan Co. Dickenson Co. Russell Co. Tazewell Co.	<b>PD 3</b> Bland Co. Bristol Galax Grayson Co. Smyth Co. Washington Co. Wythe Co.
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[Steve McNeer](#)

Phone: 804-323-2929 Fax: 804-323-2928  1041 Technology Park Drive Glen Allen, VA 23059	<b>PD 10</b> Louisa  <b>PD 14</b> Buckingham Cumberland	<b>PD 15</b> Charles City Co. Chesterfield Co. Goochland Co. Hanover Co. Henrico Co. New Kent Co.	<b>PD 16</b> Caroline Co. King George Co. Spotsylvania
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		Powhatan Co. Richmond City	
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**S.Heather Phillips-Greene (Supervisor)**

Phone: 304-229-3300 Fax: 304-229-3301  PO Box 152 Clearbrook, Virginia 22624	<b>PD 7</b> Clarke Co. Frederick Co. Page Co. Shenandoah Co. Warren Co. Winchester	<b>PD 9</b> Rappahannock Faquier Co.	
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**Scotty Williams**

Phone: 540-631-1370 Fax: 540-631-1371  P.O. Box 292 Front Royal, VA 22630	<b>PD 8</b> Alexandria Arlington Co. Fairfax Fairfax Co. Falls Church Loudoun Co. Manassas Park Manassas Prince William Co.	<b>PD 16</b> Fredericksburg Stafford Co.	
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**Wayne Berry**

Phone: 757-896-4560 Fax: 757-896-4561  P.O. Box 5112 Newport News, VA 23605	<b>PD 17</b> Lancaster Co. Northumberland Co. Richmond Co. Westmoreland Co.  <b>PD 18</b> Essex Co. Gloucester Co. King and Queen Co. King William Co. Matthews Co. Middlesex Co.	<b>PD 20</b> Chesapeake Franklin City Isle of Wight Co. Norfolk Portsmouth Southampton Co. Suffolk Virginia Beach	<b>PD 21</b> Hampton James City Co. Newport News Poquoson Williamsburg York Co.  <b>PD 22</b> Accomack Co. Northampton Co.
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**Doug Layton**

Phone: 434-964-2499 Fax: 434-964-4664  PO BOX 797 Ruckersville, VA 22968	<b>PD 6</b> Augusta Staunton Waynesboro Harrisonburg Highland Rockingham  <b>PD 9</b> Culpeper Co. Orange Co.	<b>PD 10</b> Albemarle Charlottesville Fluvanna Nelson Greene Co. Madison Co.	<b>PD 11</b> Amherst Appomattox Campbell Lynchburg
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Last Updated: 09-09-2015

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**EMS VARIANCE/EXEMPTION APPLICATION FOR PROVIDERS**  
**VIRGINIA DEPARTMENT OF HEALTH**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**(Please print or type all information)**

☐ **VARIANCE**    ☐ **EXEMPTION**

Date: Click here to enter a date.

Name of Applicant: Click here to enter text.

SSN: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Click here to enter text.

Primary Phone: Click here to enter text.

Secondary Phone: Click here to enter text.

Email Address: Click here to enter text.

EMS Agency Affiliation (Name and number): Click here to enter text.

Section(s) of the applicable Rules & Regulations:

Click here to enter text.

Reason for the Request, including any extenuating circumstances (be specific):

Click here to enter text.

Submit written documentation for any matters related to medical situations (including proof of medical treatment from a physician) or military mobilizations.

If variance, period of time needed to complete requirements: Click here to enter text.

Name of Individual Completing form:

Click here to enter text.

\_\_\_\_\_  
Signature

OMD Approval: Click here to enter text.

\_\_\_\_\_  
Signature

Chief Officer: Click here to enter text.

\_\_\_\_\_  
Signature

Health Department Use Only:

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

EMS 6036 Revised: 06/2011

**EMS VARIANCE/EXEMPTION APPLICATION FOR PROVIDERS**  
**VIRGINIA DEPARTMENT OF HEALTH**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
(Please print or type all information)

**Form Completion Check Sheet**

1. Form completed in its entirety and signed: ☐ Yes ☐ No
2. Signature of EMS agency Operational Medical Director - Required if EMS provider is affiliated with an EMS agency: ☐ Yes ☐ No
3. Signature of Chief Officer of EMS agency – required if EMS provider is affiliated with an EMS agency: ☐ Yes ☐ No
4. Supporting documentation (medical documentation, military orders, etc): ☐ Yes ☐ No

*Code of Virginia § 32.1-111.9 Applications for variance or exemptions*

(<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.9>)

**IMPORTANT**

- A. Form must be completed in its entirety, submitted and received by OEMS prior to the expiration of the EMS certification, license or testing eligibility.
- B. Failure to complete this form in its entirety will delay the processing of the request.

Health Department Use Only:

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

EMS 6036 Revised: 06/2011



ATLANTIC EMS COUNCIL  
ACCOMMODATION POLICY

**VIRGINIA OFFICE  
OF  
EMERGENCY MEDICAL SERVICES**

1041 Technology Park Dr  
Glen Allen, VA 23059

(804) 888-9100  
(800) 523-6019

[www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems)

This document is intended to be distributed by course coordinators to students who after a formal review of the administrative aspects of a Virginia Basic Life Support (BLS) program believe they need to pursue an accommodation.

## ATLANTIC EMS COUNCIL ACCOMMODATION POLICY

### **I. INTRODUCTION**

The Americans with Disabilities Act of 1990 has implications for coordinators and students in the areas of prospective student information, testing of knowledge and skills competency. Among the many provisions of the ADA are several that pertain specifically to agencies, institutions and organizations that provide courses or examinations leading to certification.

The intent emphasizes that individuals with disabilities are not to be excluded from jobs that they can perform merely because a disability prevents them from taking a test or negatively influences the results of a test, which is a prerequisite to the job. Passing written and skill examinations during an EMS course and passing certification examinations are prerequisites for functioning as a certified EMS provider.

This law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with a reading disability could be required to take a written examination if the ability to read is an essential function of the profession, and the examination is designed, at least in part, to measure the ability to read. An essential function of an EMS provider is the ability to read and understand small English print under highly stressful conditions for the provider and patient. A second example is one dealing with skill examinations that must be performed within established periods.

Performing a skill within a certain period can be required if speed of performance is an integral part of the skill being measured. Both the ability to read and the ability to perform

basic skills within periods are essential functions of an EMS Provider.

## **II. SCOPE**

The information provided herein applies to all prehospital EMS personnel.

## **III. SPECIFIC DIRECTIONS**

Coordinators must review the standard functional position description and the information concerning the ADA, with every prospective student. Prospective students need to understand the competencies and tasks that are required within the profession BEFORE entering a training program.

Students cannot be discriminated against on the basis of a disability in the offering of programs or services.

There will be NO allowed accommodations during the course of instruction or certification examinations unless written approval is received from the certification/licensure agency, in advance. Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the state written and practical certification examination. The certification agency will establish eligibility for an accommodation on a case-by-case basis. Documentation confirming and describing the disability must be submitted according to policy, for consideration.

Here are five examples of accommodations that would NOT be allowed during the instructional program:

1. Additional time for skills with specific time frame will NOT be allowed. Obviously, patients would suffer due to life threatening conditions in emergency situations.
2. No accommodation will be made in a training program that is not reasonably available in a prehospital environment. Students may use performance aids which could be readily

available and easily accessible to the in the prehospital setting. It is the responsibility of the student to provide any personal aids they deem necessary and the certifying agency deems appropriate.

3. Unlimited time to complete a written examination is NOT allowed. Such a request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
4. Written examinations are NOT to be administered with an oral reader. The ability to read and understand small English print (12 point) is an essential function of the profession, and written examinations are designed, at least in part, to measure that ability.
5. A written examination with a reading level that is lower than the reading level required by the profession to function safely and efficiently should be administered.

#### **IV. DOCUMENTED LEARNING DISABILITY**

Test takers who have presented a documented learning disability relating to reading decoding or reading comprehension may be granted a standard extension. A standard extension allowed for completing a written examination is time-and-a-half. Thus if the examination is normally administered in two hours, an extra hour could be allowed to complete the examination. This accommodation could be allowed because the individual would be able to perform the essential functions of the position description. The critical nature of reading in emergency situations requires reading finite amounts of material in measured amounts of time, as it is required for taking an examination. In addition, the reading level of an exam is not impacted by the time requirement of the exam.

The certification/licensure agency will review only written requests for accommodations on the state written certification examination on a case-by-case basis. Requests must be

submitted on the “Accommodation Request” form. The state certification/licensure agency will provide written notification upon review of the request for accommodation.

## **V. DISABILITY ACCOMMODATION POLICY**

### *A. Requesting Accommodations*

“Accommodation Request” forms are available from the Office of Emergency Medical Services. The candidate who is requesting an accommodation must complete the request form at the start of the instructional program or as soon as the need for an accommodation is recognized.

Documentation of a specific disability, which would impact your performance on the written examination, must include a signed statement on letterhead stationery from a professional who is familiar with your disability. This statement must confirm and describe the disability for which the accommodation is required. The professional must have expertise in the specific disability for which the accommodation is being requested.

Applicants with disabilities are entitled to, and have the responsibility to meet the same deadlines for application and submission of documentation established for pre-registration as non-disabled individuals. The process involved in establishing eligibility will not impose discriminatory timeliness for application on the individual with a disability.

### *B. Reasonable Accommodations*

The certification/licensure agency will offer reasonable accommodations for the written certification exam for those persons with written documented disabilities.

Based upon an analysis of the Functional Position Description and the written examination, it has been determined that persons with learning disabilities manifested

in the academic areas of reading decoding, or reading comprehension may be eligible for additional time as an accommodation.

Documentation of a specific disability, which would negatively affect one's performance on the written examination, must include a complete "Accommodation Request" form with signature of the individual. This statement must confirm and describe the disability for which an accommodation is being requested.

Requests for accommodation on the written examination will be reviewed on a case-by-case basis. If the appropriateness of the requested accommodation is in doubt, the certifying agency will discuss options with the candidate and will consult with professionals knowledgeable about disability and functions of the profession. The recency of disability testing is not an issue in determining the need for accommodation. A permanent learning disability is a permanent disability.

## **VI. DEFINITION**

The word "written" was purposefully included to ensure that certified individuals could read. The written portion of the EMS certification examination is designed, in part to measure an applicant's ability to read and understand English. Being able to read is a skill that is justified as integral to the performance of the job.

## **VII. RECORD KEEPING**

Diagnostic information related to an individual's disability is highly confidential and will not be disclosed to third parties. The accommodation file will be maintained separately from the application and test result files.

**Virginia Department of Health  
Office of Emergency Medical Services**

**Accommodation Request**

Complete and submit this form (including requested attachments) to the state EMS office if you have a documented disability that will negatively affect your performance on the state written or practical certification/ licensure examination. The state EMS office offers reasonable and appropriate accommodations for written and/or practical certification examinations for individuals with documented disabilities.

ATTACH a statement on letterhead stationery from a professional who is familiar with your disability (the professional must have expertise in the specific disability for which the accommodation is being requested). A professional must sign this statement, confirm, and describe the disability for which the accommodation is required. THIS INFORMATION WILL NOT BE FILED WITH YOUR APPLICATION OR TEST RESULTS AND WILL BE CONFIDENTIAL.

I have reviewed the essential job elements and functions for the level of training I am seeking and request the following accommodation due to my disability-related needs:

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Please Print or Type

Name of Applicant:

(Last

First

Middle)

Address of Applicant:

Telephone Number:

(Signature of individual completing this form)

(Date)

(Printed name of individual completing this form)